

10/ 614481 09/ 07/ 2006

Connecting via Winsock to Dialog

Logging in to Dialog

Trying 31060000009998...Open

DIALOG INFORMATION SERVICES
PLEASE LOGON

ENTER PASSWORD:

Welcome to DIALOG

Dialog level 05,24,00D

Last logoff: 28Jan09 13:20:07

Logon file 405 02Feb09 14:19:38

*** ANNOUNCEMENTS ***

*** FREE FILE OF THE MONTH: World News Connection (WNC), FILE #985

Each month Dialog offers an opportunity to try out new or unfamiliar sources by offering \$100 of free searching (either DialUnits or connect time) in one specific file. Output and Alerts charges are not included. For more details visit: <http://www.dialog.com/freefile/> and then take a moment to get familiar with another great Dialog resource.

*** "Thomson File Histories" are now available directly through Dialog in selected patent and trademark files. Combined with the comprehensive patent and trademark information on Dialog, file histories give you the most complete view of a patent or trademark and its history in one place. When searching in one of the patent and trademark databases, a link to an online order form is displayed in your search results, saving you time in obtaining the file histories you need. See HELP FILEHIST for more information about how to use the link and a list of files that contain the link.

NEW FILE

***File 651, TRADEMARKSCAN(R) - China. See HELP NEWS 651 for details.

RESUMED UPDATING

***File 523, D&B European Financial Records

RELOADS COMPLETED

***File 227, TRADEMARKSCAN(R) - Community Trademarks

FILES RENAMED

***File 321, PLASPEC now known as Plastic Properties Database

FILES REMOVED

***File 388, PEDS: Defense Program Summaries

***File 588, DMB-FI Contract Awards

>>>For the latest news about Dialog products, services, content<<<

>>>and events, please visit What's New from Dialog at <<<

>>><http://www.dialog.com/whatsnew/>. You can find news about <<<

>>>a specific database by entering HELP NEWS <file number>. <<<

>>>PROFILE is in a suspended state.

>>>Contact Dialog Customer Services to re-activate it.

SYSTEM HOME

Cost is in DialUnits

Menu System II: D2 version 1.8.0 term=ASCII
*** DIALOG HOMEBASE(SM) Main Menu ***

Information:

1. Announcements (new files, reloads, etc.)
2. Database, Rates, & Command Descriptions
3. Help in Choosing Databases for Your Topic
4. Customer Services (telephone assistance, training, seminars, etc.)
5. Product Descriptions

Connections:

6. DIALOG(R) Document Delivery
7. Data Star(R)

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/H = Help

/L = Logoff

/NOMENU = Command Mode

Enter an option number to view information or to connect to an online service. Enter a BEGIN command plus a file number to search a database

10/ 614481 09/ 07/ 2006

(e.g., B1 for ER C).
? b 410

```
02feb09 14:19:38 User217743 Session D753.1
$0.00 $0.00 0.285 Dial Units FileHomeBase
$0.00 Estimated cost FileHomeBase
$0.00 Estimated cost this search
$0.00 Estimated total session cost 0.285 Dial Units
```

File 410: Dialog Customer Newsletters 2008
(c) 2008 Dialog. All rts. reserv.

```
Set Items Description
---
? set hi ;set hi
HI LI GHT set on as ''
HI LI GHT set on as ''
? b 155
02feb09 14:19:42 User217743 Session D753.2
$0.00 $0.00 0.121 Dial Units File410
$0.00 Estimated cost File410
$0.02 TELNET
$0.02 Estimated cost this search
$0.02 Estimated total session cost 0.406 Dial Units
```

File 155: MEDLINE(R) 1950-2009/Jan 28
(c) format only 2009 Dialog
*File 155: Medline has resumed updating with UD20081211.

```
Set Items Description
---
? s tnf and endometriosis
71216 TNF
15304 ENDOMETRIOSIS
S1 151 TNF AND ENDOMETRIOSIS
? s s1 and py>1999
151 S1
5551846 PY>1999
S2 120 S1 AND PY>1999
? s s1 not s2
0 S1
120 S2
S3 0 S1 NOT S2
? s s1 not s2
151 S1
120 S2
S4 31 S1 NOT S2
? t s4/ti/all
```

4/ TI / 1
DIALOG(R) File 155:(c) format only 2009 Dialog. All rts. reserv.

RANTES production by cultured primate endometrial epithelial cells.

4/ TI / 2
DIALOG(R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumor necrosis factor in peritoneal fluid from asymptomatic infertile women.

4/ TI / 3
DIALOG(R) File 155:(c) format only 2009 Dialog. All rts. reserv.

[Determination of the tumor necrosis factor in the peritoneal fluid of gynecologic patients with intraperitoneal infections and endometriosis]
Determination del factor de necrosis tumoral en liquido peritoneal de pacientes ginecologicas con infecciones intraperitoneales y endometriosis.

4/ TI / 4
DIALOG(R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Role of cytokines in progression of endometriosis.

4/ TI / 5
DIALOG(R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Effect of IL-1 beta and TNF-alpha on the expression of monocyte chemoattractant protein-1 in endometriotic cells.

4/ Ti / 6
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Determination of monocyte chemotactic protein-1 in cultured endometriotic cells]

4/ Ti / 7
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Study on in vitro cytokines levels induced from peripheral mononuclear cells in patients with endometriosis]

4/ Ti / 8
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Integrin-mediated adhesion of uterine endometrial cells from endometriosis patients to extracellular matrix proteins is enhanced by tumor necrosis factor alpha (TNF alpha) and interleukin-1 (IL-1).

4/ Ti / 9
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

In vitro expression of soluble and cell surface-associated CD44 on endometrial cells from women with and without endometriosis.

4/ Ti / 10
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[TNF-alpha secretion by peritoneal macrophages in endometriosis]
Die TNF-alpha-Sekretion von Peritonealmakrophagen bei Endometriose.

4/ Ti / 11
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

The pattern of cytokine mRNA expression in ovarian endometriomata.

4/ Ti / 12
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Changes in immunologic variables (TNF-a, sCD8 and sCD4) during danazol treatment in patients with endometriosis.

4/ Ti / 13
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Prostaglandin E2 stimulates aromatase expression in endometriosis-derived stromal cells.

4/ Ti / 14
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Interleukin-8 concentration in peritoneal fluid of patients with endometriosis and modulation of interleukin-8 expression in human mesothelial cells.

4/ Ti / 15
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Secretion of interleukin-6 by human endometriotic cells and regulation by proinflammatory cytokines and sex steroids.

4/ Ti / 16
D\ ALOQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Significance of tumor necrosis factor alpha (TNF-alpha) in endometriosis]
Die Bedeutung des Tumornekrosefaktors Alpha (TNF-Alpha) bei der Endometriose.

4/ Ti / 17

10/ 614481 09/ 07/ 2006

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Peritoneal fluid cytokines and the relationship with endometriosis and pain.

4/ TI / 18

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Spontaneous and induced synthesis of cytokines by peripheral blood monocytes in patients with endometriosis.

4/ TI / 19

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Basal and stimulated secretion of cytokines by peritoneal macrophages in women with endometriosis.

4/ TI / 20

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

IL-1 beta, TNF -alpha, and IL-2 in peritoneal fluid and macrophage-conditioned media of women with endometriosis.

4/ TI / 21

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Whole endometrial fragments form characteristics of in vivo endometriosis in a mesothelial cell co-culture system an in vitro model for the study of the histogenesis of endometriosis.

4/ TI / 22

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

[Tumor necrosis factor in peritoneal fluid of infertile women with endometriosis and its relation to sperm motility]

4/ TI / 23

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Cytokines and PAF release from human monocytes and macrophages: effect of hemoglobin and contaminants.

4/ TI / 24

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Elevated levels of interleukin-6 in ascites and serum from women with ovarian hyperstimulation syndrome.

4/ TI / 25

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Effect of tumor necrosis factor-alpha on adhesion of human endometrial stromal cells to peritoneal mesothelial cells: an in vitro system

4/ TI / 26

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Peritoneal fluid interleukin-1 beta and tumor necrosis factor in patients with benign gynecologic disease.

4/ TI / 27

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Release of tumor necrosis factor alpha by human peritoneal macrophages in response to toxic shock syndrome toxin-1.

4/ TI / 28

DI ALOQ R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Role of peritoneal inflammation in endometriosis-associated infertility.

4/ TI / 29

DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Danazol suppresses the production of interleukin-1 beta and tumor necrosis factor by human monocytes.

4/ TI / 30

DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

The effect of tumor necrosis factor on human sperm motility in vitro.

4/ TI / 31

DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumor necrosis factor in peritoneal fluid of women undergoing laparoscopic surgery.

2 f t s4/3, ab, kw c/2, 4, 8, 20, 28, 31

4/ 3, AB, KW C/2

DIALOG R File 155: MEDLINE(R)

(c) format only 2009 Dialog. All rts. reserv.

13301579 PMID: 10372449

Tumor necrosis factor in peritoneal fluid from asymptomatic infertile women.

Guerra-Infante F M, Flores-Medina S, Lopez-Hurtado M, Zamora-Ruiz A, Sosa Gonzalez I E, Narciso Reyes M L, Villagrana-Zessati R

Departamento de Microbiología, Escuela Nacional de Ciencias Biológicas, Instituto Politécnico Nacional (ENCB-IPN), Mexico, D.F., Mexico. fguerra@quimica.encb.ipn.mx

Archives of medical research (MEXICO) Mar-Apr 1999, 30 (2) p138-43, ISSN 0188-4409-Print Journal Code: 9312706

Publishing Model: Print

Document type: Journal Article; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: Tumor necrosis factor- α (TNF- α) is a cytokine that can be found in the peritoneal fluid (PF) of patients with endometriosis and pelvic inflammatory disease (PID) as a response to inflammatory disorders and infections. The cytotoxic effect of this cytokine could be a factor participating in the pathology of various gynecological diseases, and could also be accountable for the high immunological response and damage to the tubal epithelium. The objective of this study was to establish the presence of TNF- α in asymptomatic infertility and its association with various isolated bacteria. **METHODS:** Ten milliliters of PF were collected from each of 73 patients by means of laparoscopy and cultured in synthetic medium and McCoy cells for the isolation of aerobic and anaerobic bacteria, as well as for Chlamydia trachomatis. The activity of TNF- α was determined by means of a bioassay using L-929 cells. **RESULTS:** Forty-three percent of the PFs showed positive TNF- α activity, while the laparoscopic evaluation showed that 32 patients had Fallopian tube occlusion (FTO), 7 had endometriosis, 30 had PID, and 4 had myomas and adhesions. TNF- α activity was found to be high in FTO patients ($p < 0.05$). Positive cultures were found in 50.7% of patients; of these, 31.5% had PID ($p < 0.05$), and only 20.5% of positive cultures were TNF- α positive. Chlamydia trachomatis (16%) was the most frequently isolated bacteria in these patients. **CONCLUSIONS:** The detection of TNF- α could be useful in the diagnosis of active infectious and inflammatory diseases in asymptomatic infertile patients.

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4/3, AB, KW C/4
DIALOG R File 155: MEDLINE (R)
(c) format only 2009 Dialog. All rts. reserv.

13205226 PM D: 10087426

Role of cytokines in progression of endometriosis.
Harada T; Enatsu A; Mitsunari M; Nagano Y; Ito M; Tsudo T; Taniguchi F;
Iwabe T; Tanikawa M; Terakawa N
Department of Obstetrics and Gynecology, Tottori University School of
Medicine, Yonago, Japan. tasuku@grape.med.tottori-u.ac.jp
Gynecologic and obstetric investigation (SWITZERLAND) 1999, 47 Suppl
1 p34-9; discussion 39-40, ISSN 0378-7346--Print Journal Code: 7900587

Publishing Model: Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Peritoneal fluid in women with endometriosis contains an increased number of activated macrophages that secrete a variety of cytokines, including interleukin (IL)-6, IL-8, vascular endothelial growth factor, and tumor necrosis factor-alpha (TNF-alpha). Cytokines may be involved in the control of implantation and the growth of endometrial cells outside the uterus. In addition, several cytokines have been implicated in or directly associated with angiogenic activity in endometriosis. There could be a relationship between the levels of cytokines in the peritoneal fluid of patients with endometriosis and the status of the lesions in such patients. Peritoneal endometriosis can be classified as having red, black, or white lesions. Red lesions are known to be an active form of early endometriosis, because vascularization and mitotic activity are shown to be most prominent in these lesions. We found that the peritoneal fluid levels of TNF-alpha and IL-8 were significantly higher in patients with endometriosis, and correlated with the size and number of active lesions. In addition, TNF-alpha and IL-8 stimulated the growth of ectopic endometrial stromal cells. These cytokines with angiogenic activity may therefore have significant roles in the pathogenesis of endometriosis.

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Descriptors: *Cytokines--physiology--PH; *Endometriosis--etiology--ET; Cell Division--drug effects--DE; Cytokines--metabolism--ME; Cytokines--pharmacology--PD; Disease Progression; Endometriosis--metabolism--ME; Endometriosis--pathology--PA; Endometrium--drug effects--DE; Endometrium--metabolism--ME; Extracellular Space--metabolism--ME; Humans; Interleukin...

4/3, AB, KW C/8
DIALOG R File 155: MEDLINE (R)
(c) format only 2009 Dialog. All rts. reserv.

13050264 PM D: 10597959

Integrin-mediated adhesion of uterine endometrial cells from endometriosis patients to extracellular matrix proteins is enhanced by tumor necrosis factor alpha (TNF-alpha) and interleukin-1 (IL-1).
Silem M; Pritti S; Monga B; Arsic T; Runnebaum B
Department of Obstetrics and Gynaecology, Ruprecht-Karls-Universitaet, Heidelberg, Germany. gyn@kd-wesbaden.de
European journal of obstetrics, gynecology, and reproductive biology (IRELAND) Dec 1999, 87 (2) p123-7, ISSN 0301-2115--Print

Journal Code: 0375672

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

OBJECTIVES: (1) to demonstrate specificity of integrin function in endometrial cell adhesion; (2) to investigate their regulation by tumor necrosis factor alpha (TNF alpha) and interleukin-1 (IL-1); and (3) to detect differences between cells from patients with and without endometriosis. **STUDY DESIGN:** Endometrial cell cultures from ten patients with and 13 without endometriosis were tested for their expression of integrins alpha2beta1, alpha5beta1, alpha(v)beta3, and alpha4beta1 by immunocytochemistry and for their adhesion to collagen type IV, laminin, and fibronectin. **RESULTS:** Integrin expression was independent of cytokine treatment. Addition of antiintegrin antibodies inhibited adhesion. A significant increase in adhesion to laminin and fibronectin was seen in endometriosis after IL-1 treatment and additionally to collagen after TNF alpha. Cells from women without endometriosis showed a significant increase only to fibronectin. **CONCLUSIONS:** Human endometrial cells express functional integrins in vitro. TNF alpha and IL-1 had more pronounced effects on adhesion in endometriosis. Inflammatory cytokines in the peritoneal cavity may facilitate adhesion of retrogradely menstruated endometrial fragments in endometriosis.

Integrin-mediated adhesion of uterine endometrial cells from endometriosis patients to extracellular matrix proteins is enhanced by tumor necrosis factor alpha (TNF alpha) and interleukin-1 (IL-1). **OBJECTIVES:** (1) to demonstrate specificity of integrin function in endometrial cell adhesion; (2) to investigate their regulation by tumor necrosis factor alpha (TNF alpha) and interleukin-1 (IL-1); and (3) to detect differences between cells from patients with and without endometriosis. **STUDY DESIGN:** Endometrial cell cultures from ten patients with and 13 without endometriosis were tested for their expression of integrins alpha2beta1, alpha5beta1, alpha(v)beta3, and alpha4beta1 by...

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Descriptors: *Endometriosis--pathology--PA; *Endometrium--pathology--PA; *Extracellular Matrix Proteins--physiology--PH; *Integrins--physiology--PH; *Interleukin-1...; *Adult; *Cell Death--drug effects--DE; *Endometriosis--etiology--ET; Humans

4/3, AB, KW C/20

DIALOG R File 155: MEDLINE(R)

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11632888 PMID: 8607944

IL-1 beta, TNF alpha, and IL-2 in peritoneal fluid and macrophage-conditioned media of women with endometriosis.

Keenan JA; Chen TT; Chadwell NL; Torry DS; Caudle MR

Department of OB/GYN, University of Tennessee Medical Center, Knoxville

37920-6999, USA

American Journal of reproductive immunology (New York, N.Y. - 1989) (

DENMARK) Dec 1995; 34 (6) p381-5. ISSN 1046-7408--Print

Journal Code: 8912860

Publishing Model Print

Document type: In Vitro; Journal Article; Research Support, Non-U.S.

Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PROBLEM: The presence of various cytokines in human peritoneal fluid has been incompletely evaluated. Changes in cytokine levels may be related to the development of endometriosis, infertility, and activation of peritoneal macrophages. This study assesses levels of IL-1 beta, IL-2 and TNF alpha in peritoneal fluid and macrophage conditioned media of women with endometriosis. **METHOD:** Peritoneal fluid was collected from 51 women at the time of diagnostic or operative laparoscopy for benign gynecologic disease. Peritoneal macrophages were isolated, cultured for 24 h, and the culture media collected. IL-1 beta, IL-2, and TNF alpha levels were determined by commercial ELISA kits. **RESULTS:** The mean concentration of IL-1 beta and TNF alpha was significantly higher in macrophage conditioned media of patients with endometriosis (P <

0.02). However, there were no significant changes in peritoneal fluid cytokine levels. Peritoneal macrophage concentrations were also higher in patients with endometriosis. CONCLUSION: This study supports the concept that endometriosis is associated with activation of peritoneal macrophages, and a higher concentration of these cells. This activation is reflected by the increased levels of cytokines found in macrophage conditioned media. The absence of significant changes in peritoneal fluid cytokine levels would seem to indicate that the above derangements are not responsible for the development or progression of endometriosis.

IL-1 beta, TNF-alpha, and IL-2 in peritoneal fluid and macrophage-conditioned media of women with endometriosis. ... has been incompletely evaluated. Changes in cytokine levels may be related to the development of endometriosis, infertility, and activation of peritoneal macrophages. This study assesses levels of IL-1 beta, IL-2 and TNF-alpha in peritoneal fluid and macrophage conditioned media of women with endometriosis. METHOD: Peritoneal fluid was collected from 51 women at the time of diagnostic or operative...

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... to indicate that the above derangements are not responsible for the development or progression of endometriosis.

Descriptors: *Ascitic Fluid--immunology--IM *Endometriosis--immunology--IM *Interleukin-1--metabolism--ME *Interleukin-2--metabolism--ME *Macrophages--immunology--IM *Tumor Necrosis... Adult; Culture Media, Conditioned; Endometriosis--etiology--ET; Humans; Immunity, Cellular; Macrophage Activation

4/3 AB KW C/28

DI.ALOG R File 155: MEDLINE(R)

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09798752 PMID: 2064186

Role of peritoneal inflammation in endometriosis-associated infertility.

Halme J

Department of Obstetrics and Gynecology, University of North Carolina, Chapel Hill 27599-7570.

Annals of the New York Academy of Sciences (UNITED STATES) 1991, 622 p266-74. ISSN 0077-8923--Print Journal Code: 7506858

Publishing Model: Print

Document type: Journal Article; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

This paper has discussed the evidence for the presence of infertility in patients with endometriosis and more critically reviewed some of the studies that have addressed the impact of various potential local peritoneal mechanisms that may lead to subfertility. Substantial evidence supports the notion that patients with endometriosis have reduced fecundability. Although several mechanisms, including, e.g., anatomic factors and ovulatory dysfunction, are possible, recent studies have pointed towards local inflammatory cells and their secretory products as being important mediators of subfertility. Ample evidence exists for the presence of an altered peritoneal inflammatory environment in patients with endometriosis. In addition, in vitro studies have identified peritoneal macrophages and their secretory products, specifically TNF-alpha as the most likely contributors to the reduced fecundability through effects on sperm function.

Role of peritoneal inflammation in endometriosis-associated infertility.

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in vitro studies have identified peritoneal macrophages and their secretory products, specifically TNF- α as the most likely contributors to the reduced fecundability through effects on sperm function.

Descriptors: *Endometriosis--complications--CO. *Infertility, Female--complications--CO. *Peritonitis--complications--CO. Endometriosis--physiopathology--PP. Humans. Infertility, Female--physiopathology--PP. Peritonitis--physiopathology--PP.

4/3. AB. KW C/31

DIALOG File 155: MEDLINE(R)

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08723501 PM D: 2971579

Tumor necrosis factor in peritoneal fluid of women undergoing laparoscopic surgery.

Bisermann J, Gast MJ, Pineda J, Odem R R, Collins J L, Department of Obstetrics and Gynecology, Washington University School of Medicine, Saint Louis, Missouri 63110.

Fertility and sterility (UNITED STATES) Oct 1988, 50 (4) p573-9.

ISSN 0015-0282--Print. Journal Code: 0372772

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The level of tumor necrosis factor (TNF) in peritoneal fluid (PF-TNF) of 74 women undergoing laparoscopy was determined. The difference between the mean concentration of PF-TNF of women with normal pelvic anatomy and women with moderate or severe endometriosis was significant (P less than 0.01). The proportion of PF-TNF-positive women with PID and those with moderate or severe endometriosis was also significantly higher when compared to women with normal pelvic anatomy (P less than 0.05; P less than 0.02). The proportion of PF-TNF-positive women among nulligravid and nulliparous women was significantly higher than that of women with two or more pregnancies (P less than 0.01) and two or more deliveries (P less than 0.005). These results indicate that the presence of PF-TNF is associated with primary infertility and endometriosis.

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... more deliveries (P less than 0.005). These results indicate that the presence of PF-TNF is associated with primary infertility and endometriosis.

: Adolescent; Adult; Antibodies; Cell Line; Endometriosis--metabolism--ME; Endometriosis--surgery--SU; Humans; Laparoscopy ? s (etanercept or infliximab or enbrel)

2016 ETANERCEPT

4585 INFILXIMAB

131 ENBREL

S5 5739 (ETANERCEPT OR INFILXIMAB OR ENBREL)

? s s5 and endometriosis

5739 S5

15304 ENDOMETRIOSIS

S6 8 S5 AND ENDOMETRIOSIS

? t s6/3, ab/all

6/3. AB/1

DIALOG File 155: MEDLINE(R)

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28130410 PM D: 18556683

Anti-TNF- α treatment for deep endometriosis-associated pain: a randomized placebo-controlled trial.

Koninkx R, Ghesaerts M, Timmerman D, Cornillie F, Kennedy S, Department of Obstetrics and Gynaecology, UZ Gasthuisberg, Katholieke Universiteit Leuven, B3000 Leuven, Belgium pkoninkx@gmail.com

Human reproduction (Oxford, England) (England) Sep 2008, 23 (9)

p2017-23. ISSN 1460-2350--Electronic. Journal Code: 8701199

Publishing Model Print-Electronic

Document type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE: Completed
 BACKGROUND: Endometriosis is associated with an inflammatory response. Hence infliximab, an anti-TNF-alpha monoclonal antibody, might relieve pain. METHODS: A randomized placebo-controlled trial was designed with 21 women with severe pain and a rectovaginal nodule of at least 1 cm. After 1 month of observation, three infusions of infliximab (5 mg/kg) or placebo were given. Surgery was performed 3 months later and follow-up continued for 6 months. The primary end-point was pain (dysmenorrhea, deep dyspareunia and non-menstrual pain) rated at each visit by the clinician and on a daily basis by the patient who in addition scored pain by visual analog pain scale and analgesic intake. Secondary end-points included the volume of the endometriotic nodule, pelvic tenderness and the visual appearance of endometriotic lesions at laparoscopy. RESULTS: Pain severity decreased during the treatment by 30% in both the placebo (P < 0.001) and infliximab groups (P < 0.001). However, no effect of infliximab was observed for any of the outcome measures. After surgery, pain scores decreased in both groups to less than 20% of the initial value. CONCLUSIONS: Infliximab appears not to affect pain associated with deep endometriosis. Treatment is associated with an important placebo effect. After surgery, pain decreases to less than 20%. Trials registration number ClinicalTrials.gov: NCT00604864.

6/ 3, AB/ 2
 Dialog File 155: MEDLINE(R)
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26819660 PM ID: 17985235
 Interactions between TNF and GnRH
 MacEwan David J
 School of Chemical Sciences and Pharmacy, University of East Anglia, Norwich, NR4 7TJ, UK. d.macewan@uea.ac.uk
 Neurochemical research (United States) Apr 2008, 33 (4) p678-82,
 ISSN 0364-3190--Print Journal Code: 7613461
 Publishing Model Print-Electronic
 Document type: Journal Article; Review
 Languages: ENGLISH
 Main Citation Owner: NLM
 Record type: MEDLINE: Completed
 Tumour necrosis factor (TNF) ligand members and their associated TNF receptor (TNFR) superfamilies have many diverse physiological roles. TNF is thought to play a critical role in the pathophysiology of a range of diseases including refractory asthma, sepsis, ankylosing spondylitis, lupus, type II diabetes, multiple sclerosis and psoriasis. The recent continued expansion of the novel anti-TNF therapeutic agents (etanercept and infliximab) has seen major improvements in the treatment of some inflammatory-based human diseases including notably rheumatoid arthritis and Crohn's disease, with other conditions currently being trialled using anti-TNF agents. The cellular signalling machinery used by TNFRs to achieve their many cellular responses are discussed, as is the gonadotrophin-releasing hormone (GnRH) receptor signalling mechanisms. TNF is known to have many actions throughout the body including effects on the hypothalamic-pituitary-adrenal/gonadal axes, with many anti-gonadotrophic effects including a role in the development of endometriosis. These interactions between TNF, GnRH and gonadotrophs are discussed.

6/ 3, AB/ 3
 Dialog File 155: MEDLINE(R)
 (c) format only 2009 Dialog. All rts. reserv.

17198699 PM ID: 16785259
 Tumour necrosis factor-alpha blockers: potential limitations in the management of advanced endometriosis? A case report.
 Shaki ba Khayashary; Falcone Tommaso
 Department of Obstetrics and Gynecology, Cleveland Clinic Foundation, Cleveland, OH 44199, USA.
 Human reproduction (Oxford, England) (England) Sep 2006, 21 (9) p2417-20, ISSN 0268-1161--Print Journal Code: 8701199
 Publishing Model Print-Electronic
 Document type: Case Reports; Journal Article
 Languages: ENGLISH
 Main Citation Owner: NLM
 Record type: MEDLINE: Completed
 Several studies have shown that tumour necrosis factor (TNF)-alpha levels are increased in the peritoneal fluid of women with endometriosis, with correlation between TNF-alpha concentrations and the degree of disease. It is also likely that elevation of peritoneal fluids' TNF-alpha levels may play a role in the pathogenesis of infertility associated with endometriosis. Use of drugs such as etanercept, a TNF-alpha receptor-immunoglobulin fusion protein which inhibits TNF-alpha activity, showed in an animal study to reduce the severity of the disease, and the

size of endometriotic foci. TNF-alpha blockers were recommended as a possible new line of therapy for endometriosis. Our case involved a 35-year-old Para 0, with rheumatic arthritis and stage 4 endometriosis. After 6 years of constant use of etanercept, she showed no improvement of endometriosis as demonstrated at laparoscopy. However, she underwent a successful IVF after the first attempt. TNF-alpha-blocker medications might not be beneficial for patients with advanced endometriosis. However, we cannot exclude the possible effect of these medications on early-stage endometriosis, and further study is required. Some of the immunologic abnormalities in the pelvis of patients with endometriosis could be the consequence of the disease and not the cause, and possibly suppression of immune cells and their products may not have a major effect on endometriotic lesions at an advanced stage. This also could explain why suppression of TNF-alpha showed no effect on infertility. However, use of TNF-alpha-blockers before IVF might increase the success rate in advanced endometriosis.

6/ 3, AB/ 4
DIALOG R) File 155: MEDLINE (R)
(c) format only 2009 Dialog. All rts. reserv.

16432826 PM D: 15950634
Infliximab may reverse the toxic effects induced by tumor necrosis factor alpha in human spermatozoa: an in vitro model.
Said Tamer M, Agarwal Ashok; Falcone Tommaso; Sharma Rakesh K; Bedaiwy Mohamed A; Li Liang
Center for Advanced Research in Human Reproduction, Infertility, and Sexual Function, The Cleveland Clinic Foundation, Cleveland, Ohio, USA
Fertility and sterility (United States) Jun 2005, 83 (6) p1665-73, ISSN 1556-5653--Electronic Journal Code: 0372772
Publishing Model Print
Document type: Comparative Study; Controlled Clinical Trial; Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVE: To examine the toxic effects of tumor necrosis factor alpha (TNF-alpha) on ejaculated spermatozoa and evaluate the ability of infliximab to reverse these effects. DESIGN: Prospective controlled study. SETTING: Cleveland Clinic Foundation, Cleveland, Ohio. PATIENT(S): Thirty-one healthy sperm donors. INTERVENTION(S): Exposure of human spermatozoa to varying concentrations of TNF-alpha (100, 300, 400, 500 pg/mL, and 2.5 mcg/mL) and infliximab (400 mcg/mL). MAIN OUTCOME MEASURES(S): Sperm motility, functional integrity of plasma membrane, and DNA fragmentation. RESULTS(S): Spermatozoa quality declined following incubation with TNF-alpha in a dose-dependent and time-dependent manner. Sperm motility and membrane integrity were higher in the samples incubated with TNF-alpha plus infliximab than in the samples treated with TNF-alpha only. These parameters improved significantly and were comparable with both controls and sperm incubated with infliximab alone. Similarly, the percentage of spermatozoa with DNA fragmentation improved significantly following incubation with TNF-alpha plus infliximab and again was comparable with both controls and sperm incubated with infliximab alone. CONCLUSION(S): Spermatozoa may be exposed to abnormal levels of TNF-alpha in the male reproductive tract or during their passage into the female reproductive tract (in cases of endometriosis). Exposing spermatozoa to pathological concentrations of TNF-alpha can result in significant loss of their functional and genomic integrity. Infliximab could potentially be used to help treat female infertility caused by endometriosis in those with elevated levels of TNF-alpha in their peritoneal fluid.

6/ 3, AB/ 5
DIALOG R) File 155: MEDLINE (R)
(c) format only 2009 Dialog. All rts. reserv.

15671008 PM D: 15019808
Efficacy of anti-tumor necrosis factor therapy in the treatment of spontaneous endometriosis in baboons.
Barrier Breton F; Bates G Wight; Leland M Michelle; Leach D Alan; Robinson Randal D; Probst Anthony M
Southwest Foundation for Biomedical Research, San Antonio, TX, USA
breton.barrier@swfbr.org and alfred.lelach@swfbr.org
Fertility and sterility (United States) Mar 2004, 81 Suppl 1 p775-9, ISSN 0015-0282--Print Journal Code: 0372772
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVE: To determine the efficacy of anti-tumor necrosis factor therapy (etanercept) for treating endometriosis in baboons.

DESIGN: A randomized, placebo-controlled, blinded study using the baboon endometriosis model. SETTING: Southwest National Primate Research Center. ANIMAL(S): Twelve female baboons with spontaneous peritoneal endometriosis. INTERVENTION(S): Etanercept (n = 8) or sterile water (n = 4) was administered subcutaneously three times per week. MAIN OUTCOME MEASURE(S): After 8 weeks, the number, color, and surface area of peritoneal lesions was evaluated. Revised American Society for Reproductive Medicine staging was used. RESULT(S): A statistically significant decrease in red lesion surface area in the treatment group was observed. A trend toward a decrease in the absolute number of red lesions was noted in the treatment group. White and black lesion number and total surface area slightly increased in both groups but failed to achieve statistical significance. Endometriosis was diagnosed in 60% of captive-born baboons with primary infertility. CONCLUSION(S): These results indicate that etanercept effectively reduces the amount of spontaneously occurring active endometriosis in the baboon.

6/ 3, AB/ 6
DIALOG R File 155: MEDLINE(R)
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14980928 PM D: 12450770
Endometriosis is sustained by tumour necrosis factor- α .
Bullimore D W
Barnsley District General Hospital Trust, Barnsley, UK
dwbullimore@compuserve.com
Medical hypotheses (Scotland) Jan 2003, 60 (1) p84-8, ISSN
0306-9877-Print Journal Code: 7505668
Publishing Model: Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Endometriosis is a common gynaecological disorder causing pain, infertility, and emotional distress. Evidence presented here suggests that abnormal production of tumour necrosis factor- α (TNF- α) is required for the establishment and maintenance of endometriosis and also is responsible for the associated infertility through its effect on sperm motility and function and oocyte development. Infliximab, which blocks TNF- α function, could be used in the treatment of endometriosis to reverse the above effects.

6/ 3, AB/ 7
DIALOG R File 155: MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

14835153 PM D: 12372447
Peritoneal fluid-mediated enhancement of eutopic and ectopic endometrial cell proliferation is dependent on tumor necrosis factor- α in women with endometriosis.
Braun Donald P; Ding Jianchi; Dmowski W Paul
Institute for the Study and Treatment of Endometriosis and Rush Medical College, Chicago, Illinois, USA. dbraun@rcc.edu
Fertility and sterility (United States) Oct 2002, 78 (4) p727-32, ISSN 0015-0282-Print Journal Code: 0372772
Publishing Model: Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
OBJECTIVE: To determine the effect of autologous peritoneal fluid and tumor necrosis factor- α (TNF- α) on proliferation of endometrial cells from women with endometriosis. DESIGN: Endometrial cells from eutopic and ectopic endometrium were cultured in vitro with peritoneal fluids or recombinant TNF- α for 72 hours before DNA synthesis determination by 3H-thymidine labeling and liquid scintillation counting. SETTING: An institution for the study and treatment of endometriosis and university-based research laboratories. PATIENT(S): Thirty-five women with endometriosis and 17 controls without endometriosis. MAIN OUTCOME MEASURE(S): In vitro incorporation of 3H-thymidine in endometrial cells was examined. RESULT(S): Peritoneal fluid from women with endometriosis enhanced proliferation of autologous and heterologous endometrial cell cultures from women with endometriosis. The soluble TNF-receptor etanercept blocked the ability of peritoneal fluid from women with endometriosis to enhance proliferation of eutopic or ectopic endometrial cells. Recombinant TNF- α also enhanced proliferation of eutopic and ectopic endometrial cells from women with endometriosis. In contrast, autologous peritoneal fluid, heterologous peritoneal fluid from women with endometriosis, and recombinant TNF- α failed to enhance, and often inhibited, the proliferation of eutopic endometrial cells from controls without endometriosis. CONCLUSION(S): Endometrial cells from women with endometriosis can

utilize factors in peritoneal fluids, such as TNF-alpha, to facilitate proliferation in ectopic environments. Endometrial cells from women without endometriosis do not share this ability, suggesting that this abnormality is etiologically related to development of the disease. Therapy with agents that block the effects of TNF-alpha may be warranted.

6/ 3, AB/ 8
 DIALOG R File 155: MEDLINE(R)
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14424670 PM D: 11892935

Etanercept, Immunex.
 Pugsley M K
 Department of Pharmacology, Xoma (US) LLC, Berkeley, CA 94710, USA.
 PUGSLEY@xoma.com

Current opinion in investigational drugs (London, England - 2000) (England) Dec 2001; 2 (12) p1725-31, ISSN 1472-4472--Print
 Journal Code: 100965718

Publishing Model Print
 Document type: Journal Article; Review
 Languages: ENGLISH

Main Citation Over: NLM
 Record type: MEDLINE: Completed

Immunex has developed and launched etanercept, a soluble TNF receptor (TNFR) fusion protein, for the treatment of rheumatoid arthritis (RA). It has also been developed for various TNF-mediated conditions such as congestive heart failure, endometriosis and multiple sclerosis. Etanercept has been launched as a second-line agent in the US for the treatment of moderate-to-severe RA and can be used in conjunction with methotrexate in patients unresponsive to methotrexate alone. It is also available in the EU. In 2000, it was in phase III trials for psoriatic arthritis and an NDA filing for this indication was expected for the first half of 2001. In July 2001, the sBLA was filed, and in September 2001, the FDA granted the sBLA Priority Review status. As of January 2001, etanercept was in phase III trials for congestive heart failure, with sNDA filing expected in 2002; however, by March 2001, these had been halted, as it did not appear that statistical significance would be reached for the efficacy endpoints. Further data analysis was being undertaken at this time, before a final decision was taken. In April 2001, Merrill Lynch reported that development for this indication was to be halted. Sales for the drugs first full quarter on the market in 1999 were US \$59.7 million. By November 1999 the drug had made sales of US \$500 million; Immunex expected the drug to generate over US \$2 billion in annual sales by 2004. In September 2000, Merrill Lynch reported that if sales of the drug continued at the present rate then it is likely that demand would temporarily outstrip supply in 2001. Resolution of the supply issue was expected by 2002. Also in September 2000, Merrill Lynch lowered their estimate of sales in 2001 from US \$1 billion to \$927 million. In the long-term Merrill Lynch believed that the drug has the potential to exceed US \$5 billion in sales in the US. In April 2001, Merrill Lynch predicted that etanercept prescribed for RA would generate sales of US \$71 in 2002 rising to US \$600 million in 2005. In October 2001, Morgan Stanley reported that Enbrel continues to be the primary source of revenue of Immunex (US \$198.1 million). It was also reported that if launched for CHF, an estimated peak year revenue was likely to be US \$500 million. The company maintains a website containing additional information about etanercept at <http://www.enbrelinfo.com>

? s (etanercept or infliximab or enbrel) and (conception or pregnancy or ovulation)
 2016 ETANERCEPT
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 131 ENBREL
 16824 CONCEPTION
 627778 PREGNANCY
 33759 OVULATION
 S7 75 (ETANERCEPT OR INFILIXIMAB OR ENBREL) AND (CONCEPTION OR PREGNANCY OR OVULATION)

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8/ TI/1
 DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Infliximab use during pregnancy revisited.

8/ TI/2
 DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

[Infliximab]
Infliximab.

8/ TI / 3

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment of patients with rheumatoid arthritis who desire to become pregnant--successful pregnancy in three cases treated with etanercept]

8/ TI / 4

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment safety in inflammatory bowel disease.]

Seguridad de los tratamientos en la enfermedad inflamatoria intestinal.

8/ TI / 5

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Evidence-based therapy for cutaneous sarcoidosis.

8/ TI / 6

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Anti-TNF biologics in the treatment of chronic inflammatory bowel disease]

Anti-TNF-Biologika in der Therapie chronisch-entzündlicher Darmerkrankungen.

8/ TI / 7

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

A case of planned pregnancy with an interruption in infliximab administration in a 27-year-old female patient with rheumatoid-factor-positive polyarthritis juvenile idiopathic arthritis which improved after restarting infliximab and methotrexate.

8/ TI / 8

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Effects and treatment of inflammatory bowel disease during pregnancy.

8/ TI / 9

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Treatment with tumor necrosis factor inhibitors and intravenous immunoglobulin improves live birth rates in women with recurrent spontaneous abortion.

8/ TI / 10

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Is infliximab safe to use while breastfeeding?

8/ TI / 11

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and inflammatory bowel disease: a prospective case-control study.

8/ TI / 12

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Review article: use of antitumor necrosis factor therapy in inflammatory bowel disease during pregnancy and conception.

8/ TI / 13

D\ALCQ\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment of chronic inflammatory bowel diseases]

Traitement des maladies inflammatoires chroniques de l'intestin.

8/ TI / 14
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Safe use of infliximab for the treatment of fistulizing Crohn's disease during pregnancy within 3 months of conception.

8/ TI / 15
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Etanercept and pregnancy]
Etanercept y embarazo.

8/ TI / 16
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and breastfeeding in patients with Crohn's disease.

8/ TI / 17
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Update on the Japanese guidelines for the use of infliximab and etanercept in rheumatoid arthritis.

8/ TI / 18
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Crohn's disease: a patient's perspective.

8/ TI / 19
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Review article: Reproduction in the patient with inflammatory bowel disease.

8/ TI / 20
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.

8/ TI / 21
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Treatment guidelines for the use of biologics in rheumatoid arthritis; present and future]

8/ TI / 22
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Efficacy and safety of etanercept in psoriasis/psoriatic arthritis: an updated review.

8/ TI / 23
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Interleukin 10 regulates inflammatory cytokine synthesis to protect against lipopolysaccharide-induced abortion and fetal growth restriction in mice.

8/ TI / 24
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.

8/ TI / 25
D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

The opurine treatment in inflammatory bowel disease: clinical pharmacology and implication of pharmacogenetically guided dosing.

10/ 614481 09/ 07/ 2006

8/ TI / 26

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Out aneous sarcoi dosi s therapy updat ed.

8/ TI / 27

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Efficacy and safety of **Etanercept** , high-dose intravenous gammaglobulin and plasmapheresis combined therapy for lupus diffuse proliferative nephritis complicating pregnancy.

8/ TI / 28

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Insights in immunomodulatory therapies for ulcerative colitis and Crohn's disease.

8/ TI / 29

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Rheumatoid arthritis in pregnancy: successful outcome with anti-TNF agent (**Etanercept**).

8/ TI / 30

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Case report: evidence for transplacental transfer of maternally administered **infliximab** to the newborn.

8/ TI / 31

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Biologics in the treatment of psoriasis]
Hoffnung für schwerste Fälle: "Biowaffen" gegen Psoriasis.

8/ TI / 32

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Appropriate treatment for Crohn's disease: methodology and summary results of a multidisciplinary international expert panel approach--EPACT.

8/ TI / 33

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Safety of **etanercept** in psoriasis: a critical review.

8/ TI / 34

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[When are "biologics" indicated?]
Wann sind "Biologics" indiziert?

8/ TI / 35

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Effect of intentional **infliximab** use throughout pregnancy in inducing and maintaining remission in Crohn's disease.

8/ TI / 36

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumor necrosis factor- α inhibition and VATER association: a causal relationship.

8/ TI / 37

D\ALQ\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

European evidence based consensus on the diagnosis and management of Crohn's disease: current management.

8/ TI / 38

10/ 614481 09/ 07/ 2006

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To be or not to be: infliximab during pregnancy?

8/ TI / 39

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

A woman with rheumatoid arthritis whose condition did not improve during pregnancy.

8/ TI / 40

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Infliximab continuation rates in patients with rheumatoid arthritis in everyday practice.

8/ TI / 41

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[Liver abscesses as a complication of Crohn's disease]

Leverabscessen als complicatie bij de ziekte van Crohn.

8/ TI / 42

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Current concepts in the etiology and treatment of Behcet disease.

8/ TI / 43

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumour necrosis factor alpha and use of infliximab. Safety during pregnancy.

8/ TI / 44

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Four-year observation of etanercept therapy for rheumatoid arthritis in a single German center]

Etanerceptbehandl ung bei rheumatoide r Arthritis--monozentrische Langzeitbeobacht ung uber vier Jahre.

8/ TI / 45

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Appropriateness of immunosuppressive drugs in inflammatory bowel diseases assessed by RAND method: Italian Group for IBD (IG-IBD) position statement.

8/ TI / 46

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Adalimumab use in pregnancy.

8/ TI / 47

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Intentional infliximab use during pregnancy for induction or maintenance of remission in Crohn's disease.

8/ TI / 48

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and inflammatory bowel disease.

8/ TI / 49

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Outcome of pregnancy in women receiving infliximab for the treatment of Crohn's disease and rheumatoid arthritis.

8/ TI / 50

D\ALOG\ R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Infliximab in the treatment of Crohn's disease -- a practical approach. Infliximab and chronic Crohn's disease--Consensus statement of the Working Group on Chronic Inflammatory Crohn's Diseases of the CGGH]
Infliximab in der Therapie des Morbus Crohn -- ein praktischer Leitfaden. Infliximab und Morbus Crohn -- Konsensuspapier der Arbeitsgruppe Chronisch-entzündliche Darmerkrankungen der CGGH

8/ TI / 51
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

Inflammatory bowel disease: management issues during pregnancy.

8/ TI / 52
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy in a rheumatoid arthritis patient on infliximab and methotrexate.

8/ TI / 53
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

Ulcerative colitis and pregnancy.

8/ TI / 54
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

New drugs for rheumatoid arthritis.

8/ TI / 55
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

Maintenance of remission in Crohn's disease: current and emerging therapeutic options.

8/ TI / 56
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

Safety of tumour necrosis factor-alpha antagonists.

8/ TI / 57
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Systemic treatment of cutaneous lupus erythematosus]
Systemische Therapie des kutanen Lupus erythematoses.

8/ TI / 58
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Drug therapy of rheumatoid arthritis]
Die medikamentöse Behandlung der rheumatoiden Arthritis.

8/ TI / 59
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Rheumatology 2003-part 1: research news concerning pathogenesis, epidemiology, diagnosis, and therapy of chronic inflammatory joint diseases]

Rheumatologie 2003-Teil 1 Neue Forschungsergebnisse zur Pathogenese, Epidemiologie, Diagnostik und Therapie chronisch-entzündlicher Gelenkerkrankungen.

8/ TI / 60
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

The use of etanercept and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.

8/ TI / 61
D/ ALOQ/ R/ File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and exposure to infliximab (anti-tumor necrosis factor-alpha monoclonal antibody).

8/ TI / 62
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

The use of disease modifying antirheumatic drugs in women with rheumatoid arthritis of childbearing age: a survey of practice patterns and pregnancy outcomes.

8/ TI / 63
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Maintaining a remission]
Remissionserhaltung.

8/ TI / 64
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Chronically active Crohn's disease]
Chronisch-aktiver Morbus Crohn.

8/ TI / 65
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Hormone mediation of immune responses in the progression of diabetes, rheumatoid arthritis and periodontal diseases.

8/ TI / 66
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Thalidomide as "salvage" therapy for patients with delayed hypersensitivity response to infliximab: a case series.

8/ TI / 67
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Anti-tumour necrosis factor therapy in Crohn's disease: where are we now?

8/ TI / 68
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Successful ovulation induction, conception, and normal delivery after chronic therapy with etanercept: a recombinant fusion anti-cytokine treatment for rheumatoid arthritis.

8/ TI / 69
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Infliximab treatment and pregnancy outcome in active Crohn's disease.

8/ TI / 70
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Comparative tolerability of treatments for inflammatory bowel disease.

8/ TI / 71
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

[Remicade (Infliximab) in the treatment of Crohn disease]
Remicade (Infliximab) dans le traitement de la maladie de Crohn.

8/ TI / 72
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Using an analogous monoclonal antibody to evaluate the reproductive and chronic toxicity potential for a humanized anti-TNF α monoclonal antibody.

8/ TI / 73
D\ALOG\R\ File 155:(c) format only 2009 Dialog. All rts. reserv.

Updating the approach to Crohn's disease.

8/ TI / 74
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Etanercept : a review of its use in rheumatoid arthritis.

8/ TI / 75
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Update on treatment of rheumatoid arthritis.

? s s7 not s6ds

	75	S7
	0	S6DS
S9	75	S7 NOT S6DS

? ds

Set	Items	Description
S1	151	TNF AND ENDOMETRIOSIS
S2	120	S1 AND PY-1999
S3	0	S1 NOT S2
S4	31	S1 NOT S2
S5	5739	(ETANERCEPT OR INFILIXIMAB OR ENBREL)
S6	8	S5 AND ENDOMETRIOSIS
S7	75	(ETANERCEPT OR INFILIXIMAB OR ENBREL) AND (CONCEPTION OR PREGNANCY OR OVULATION)
S8	75	S7 NOT S6
S9	75	S7 NOT S6DS
? t s9 60,	68,	61,46,43,24,12,9
>>> 60'	invalid after set or accession number	
? t s9/ti,ab,kw/c/	60, 68, 61,46,43,24,12,9	

9/ TI , AB, KW C' 60
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

The use of **etanercept** and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.

The use of **etanercept** and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.

Descriptors: *Immunoglobulin G-therapeutic use--TU; *Infertility, Female--drug therapy--DT; *Pregnancy Outcome; *Receptors, Tumor Necrosis Factor-therapeutic use--TU; *Tumor Necrosis Factor-alpha-antagonists and inhibitors...
; Adult; Humans; Immunoglobulin G-adverse effects--AE; Infertility, Female--diagnosis--D; *Pregnancy; *Pregnancy, High-Risk; *Risk Assessment; Treatment Outcome; Tumor Necrosis Factor-alpha-therapeutic use--TU

9/ TI , AB, KW C' 68
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Successful ovulation induction, **conception**, and normal delivery after chronic therapy with **etanercept**: a recombinant fusion anti-cytokine treatment for rheumatoid arthritis.

Etanercept (Enbrel, Wyeth-Ayerst/Immunex Inc, Seattle, WA, USA) is a subcutaneously administered novel fusion protein consisting of the extracellular ligand-binding domain of the 75 kD receptor for tumor necrosis factor-alpha (anti-TNFalpha) and the Fc portion of human IgG1. The agent is synthesized by plasmid transfection of a Chinese hamster ovary cell line, utilizing recombinant DNA technology. **Etanercept** was approved by the US FDA for treatment of multi-drug resistant rheumatoid arthritis in 1998, but no human data exist regarding the impact of anti-TNFalpha therapy on human reproductive function or its use before ovulation induction. As TNFalpha potentiates collagenolysis via matrix metalloproteinase gene expression (thereby facilitating ovulation), there exists a theoretical risk that TNFalpha-inhibition could exert an undesirable effect on ovulation and pregnancy. In this report, we describe the first case of ovulation induction, intrauterine insemination, normal pregnancy and singleton delivery of a healthy infant following chronic (> 1 year) pre-ovulatory TNFalpha-inhibitor therapy for rheumatoid arthritis. Reproductive endocrinologists and obstetrician-gynecologists should be familiar with **etanercept** therapy in the context of severe rheumatic disease, and offer appropriate reassurance regarding its safe use for infertility patients planning ovulation induction.

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Etanercept (Enbrel, Wyeth-Ayerst/Immunex Inc, Seattle, WA, USA) is a subcutaneously administered novel fusion protein consisting...

... synthesized by plasmid transfection of a Chinese hamster ovary cell line, utilizing recombinant DNA technology. Etanercept was approved by the US FDA for treatment of multi-drug resistant rheumatoid arthritis in ...

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Descriptors: "Antirheumatic Agents--therapeutic use--TU; "Arthritis, Rheumatoid--drug therapy--DT; "Immunoglobulin G--therapeutic use--TU; "Ovulation induction; "Pregnancy Complications--drug therapy--DT; "Receptors, Tumor Necrosis Factor--therapeutic use--TU; "Tumor Necrosis Factor- α ph...
Adult; Arthritis, Rheumatoid--physiopathology--PP; Humans; Infant, Newborn; Pregnancy

9/ TI, AB, KW C/ 61
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Pregnancy and exposure to infliximab (anti-tumor necrosis factor- α monoclonal antibody).

Pregnancy and exposure to infliximab (anti-tumor necrosis factor- α monoclonal antibody)

Descriptors: "Antibodies, Monoclonal--therapeutic use--TU; "Crohn Disease--drug therapy--DT; "Gastrointestinal Agents--therapeutic use--TU; "Pregnancy Complications--drug therapy--DT; "Pregnancy Outcome; "Prenatal Exposure Delayed Effects; Adult; Humans; Pregnancy
Chemical Name: Antibodies, Monoclonal; Gastrointestinal Agents; infliximab

9/ TI, AB, KW C/ 46
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Adalimumab use in pregnancy.

Adalimumab use in pregnancy.
Descriptors: "Antibodies, Monoclonal--therapeutic use--TU; "Crohn Disease--drug therapy--DT; "Gastrointestinal Agents--therapeutic use--TU; "Pregnancy Complications--drug therapy--DT; Adult; Drug Resistance; Humans; Pregnancy; Pregnancy Outcome
Chemical Name: Antibodies, Monoclonal; Gastrointestinal Agents; adalimumab; infliximab

9/ TI, AB, KW C/ 43
DIALOG R File 155:(c) format only 2009 Dialog. All rts. reserv.

Tumour necrosis factor alpha and use of infliximab. Safety during pregnancy.

QUESTION: A 27-year-old patient of mine with rheumatoid arthritis has been treated with infliximab for the last 5 years. She is planning her first pregnancy. How should I advise her regarding use of infliximab during pregnancy, bearing in mind that infliximab substantially improved her medical condition? ANSWER: Infliximab (Remicade) has not been tested in pregnant animals because it does not interact with non-human tumour necrosis factor (TNF) α ph. Several case reports describing women who used infliximab during pregnancy do not suggest a strong association with adverse pregnancy outcomes. More studies are required to determine infliximab's safety during pregnancy.

Tumour necrosis factor alpha and use of infliximab. Safety during pregnancy.

QUESTION: A 27-year-old patient of mine with rheumatoid arthritis has been treated with infliximab for the last 5 years. She is planning her first pregnancy. How should I advise her regarding use of infliximab during pregnancy, bearing in mind that infliximab substantially improved her medical condition? ANSWER: Infliximab (Remicade) has not been tested in pregnant animals because it does not interact with non-human tumour necrosis factor (TNF) α ph. Several case reports describing women who used infliximab during

pregnancy do not suggest a strong association with adverse pregnancy outcomes. More studies are required to determine infliximab's safety during pregnancy.
 ; Adult; Antibodies, Monoclonal--adverse effects--AE; Antirheumatic Agents--adverse effects--AE; Humans; Pregnancy; Tumor Necrosis Factor--alpha--immunology--IM
 Chemical Name: Antibodies, Monoclonal; Antirheumatic Agents; Tumor Necrosis Factor--alpha; infliximab

9/ TI, AB, KW C/ 24
 DIALOG R/ File 155: (c) format only 2009 Dialog. All rts. reserv.

Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)-alpha therapy.
OBJECTIVES: Anti-tumour necrosis factor (TNF)-alpha therapies are considered category B drugs for pregnancy. Although sometimes prescribed to women of reproductive age, data in humans are limited with regard to safety for a developing fetus. The objectives of the present article are to report experience of anti-TNF-alpha use in pregnancy, and review the international literature. **METHODS:** Since 1999 the present authors have used anti-TNF-alpha (infliximab, etanercept, adalimumab) to treat patients with various chronic rheumatic conditions. All patients were prospectively followed during their treatment time and data were systematically collected. **RESULTS:** In a group of 442 patients treated with anti-TNF, three women with RA unexpectedly became pregnant. One treated with etanercept chose a therapeutic termination at two and a half months, despite of any ultrasound anomaly, and satisfactory fetal growth. The other two patients (one with adalimumab exposure and one with etanercept exposure) delivered healthy infants. The following perinatal complications were observed: prematurity, neonatal jaundice, neonatal urinary Escherichia coli infection and adrenal congenital hyperplasia of probable hereditary origin. **CONCLUSIONS:** To date, there is no evidence that TNF-alpha antagonists are associated with embryo toxicity, teratogenicity or increased pregnancy loss. However, caution should be taken when anti-TNF agents are used during pregnancy, as human experience is still extremely limited, particularly in patients with rheumatic diseases among whom there are several alarming reports. The potential risk should be balanced against the known risks associated with DMARDs and steroid therapy. Large registries will be necessary before firm conclusions can be drawn.

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 ... patients treated with anti-TNF, three women with RA unexpectedly became pregnant. One treated with etanercept chose a therapeutic termination at two and a half months, despite of any ultrasound anomaly, and satisfactory fetal growth. The other two patients (one with adalimumab exposure and one with etanercept exposure) delivered healthy infants. The following perinatal complications were observed: prematurity, neonatal jaundice, neonatal urinary...

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Descriptors: "Antirheumatic Agents--adverse effects--AE; "Arthritis, Rheumatoid--drug therapy--DT; "Pregnancy Complications--drug therapy--DT; "Tumor Necrosis Factor--alpha--antagonists and inhibitors--AI...; DT; Arthritis, Psoriatic--drug therapy--DT; Humans; Immunoglobulin G--adverse effects--AE; Maternal-Fetal Exchange; Pregnancy; **Pregnancy Outcome:** Prospective Studies; Receptors, Tumor Necrosis Factor--Chemical Name: Antibodies, Monoclonal; Antirheumatic Agents; Immunoglobulin G Receptors; Tumor Necrosis Factor; Tumor Necrosis Factor--alpha; adalimumab; infliximab; TNFR Fc fusion protein

9/ TI, AB, KW C/ 12
 DIALOG R/ File 155: (c) format only 2009 Dialog. All rts. reserv.

Review article: use of antitumour necrosis factor therapy in inflammatory bowel disease during pregnancy and conception.

BACKGROUND: One of the most frequently asked questions during consultation with those affected by inflammatory bowel disease is what are its effects on pregnancy, and how the treatment will impact on conception and pregnancy outcomes. **AIM** To review available data regarding the safety of biological therapies during pregnancy primarily in women with inflammatory bowel disease. **METHODS:** A Medline search was performed and available original research and review articles relating to the use of biological (antitumour necrosis factor-alpha) therapies in inflammatory bowel disease were reviewed. Where information regarding the use of a drug in inflammatory bowel disease during pregnancy was limited, articles referring to its use for other indications, such as rheumatoid arthritis, were reviewed. **CONCLUSIONS:** Based on available data, biological therapies appear to be safe in pregnancy. Most studies looking at the effects of any one medication on pregnancy in inflammatory bowel disease are confounded by the fact that most patients are on multiple medications and have varying levels of disease activity. Stopping therapy in the third trimester should be considered. Large registries with longer follow-up periods will be necessary before firm conclusions about the safety of antitumour necrosis factor-alpha therapies during conception and pregnancy can be drawn.

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... be necessary before firm conclusions about the safety of antitumour necrosis factor-alpha therapies during conception and pregnancy can be drawn.

... Descriptors: Agents--therapeutic use--TU; *Antibodies, Monoclonal--therapeutic use--TU; *Inflammatory Bowel Diseases--drug therapy--DT; *Pregnancy Complications--drug therapy--DT; Adult; Humans; Infant, Newborn; Infertility, Male--chemically induced--G; Preconception Care; Pregnancy; Treatment Outcome
Chemical Name: Anti-Inflammatory Agents; Antibodies, Monoclonal; adalimumab; Infliximab

9/ TI, AB, KW C/9

DI ALOG(R) File 155:(c) format only 2009 Dialog. All rts. reserv.

Treatment with tumour necrosis factor inhibitors and intravenous immunoglobulin improves live birth rates in women with recurrent spontaneous abortion.

PROBLEM: The purpose of this study was to investigate whether treatment with tumour necrosis factor (TNF) inhibitors combined with intravenous immunoglobulin (IVIg) increases live birth rates among women with recurrent spontaneous abortion (RSA) concurrently treated with anticoagulants (AC). **METHOD OF STUDY:** Seventy-five pregnancies in patients with a history of RSA were retrospectively evaluated. The population was divided into three groups: group I: 21 patients treated with AC (anticoagulants), group II: 37 patients treated with AC and IVIg and group III: 17 patients treated with AC, IVIg and the TNF inhibitor Etanercept (Enbrel) or Adalimumab (Humira). In groups II and III, IVIg was administered at least once during the cycle of conception and/or at least once after a positive pregnancy test. In group III, either Adalimumab or Etanercept was administered by subcutaneous injection according to standard protocols. Statistical analysis of pregnancy outcome was performed using Fisher's exact test. **RESULTS:** Patient populations in the three treatment groups were similar in terms of age, past miscarriages, inherited thrombophilia and autoimmunity. The live birth rate was 19% (4/21) in group I, 54% (20/37) in group II, and 71% (12/17) in group III. There was significant improvement in pregnancy outcome in group II versus group I ($P = 0.0127$) and in group III versus group I ($P = 0.0026$). The live birth rate in group III compared to group II was not significantly different ($P = 0.3723$). Side effects of AC, IVIg and TNF inhibitor treatment were minimal in these patients, and no birth defects were identified in their offspring. **CONCLUSIONS:** In women with RSA, addition of either IVIg or a TNF inhibitor + IVIg to the AC regimen appears to improve live birth rates compared to the treatment with AC alone. The positive effect of IVIg and TNF inhibitor therapy on pregnancy outcome merits

further study in prospective clinical trials.

...and IVIG and group III: 17 patients treated with AC, IVIG and the TNF inhibitor Etanercept (Enbrel) or Adalimumab (Humira). In groups II and III, IVIG was administered at least once during the cycle of conception and/or at least once after a positive pregnancy test. In group III, either Adalimumab or Etanercept was administered by subcutaneous injection according to standard protocols. Statistical analysis of pregnancy outcome was performed using Fisher's exact test. RESULTS: Patient populations in the three treatment...

...in group II, and 71% (12/17) in group III. There was significant improvement in pregnancy outcome in group II versus group I (P = 0.0127) and in group III versus...

...the treatment with AC alone. The positive effect of IVIG and TNF inhibitor therapy on pregnancy outcome merits further study in prospective clinical trials.

Descriptors: and dosage--AD: "Immunoglobulins, Intravenous --administration and dosage--AD: "Immunosuppressive Agents--administration and dosage--AD: "Pregnancy Rate: "Receptors, Tumor Necrosis Factor --administration and dosage--AD: Adult; Drug Therapy, Combination; Humans; Middle Aged; Pregnancy; Retrospective Studies; Tumor Necrosis Factor-alpha-antagonists and inhibitors--AI ? t s9/3, ab/ 60, 68, 61, 46, 43, 24, 12, 9

9/3, AB/60

DI ALQ3 R File 155: MEDLINE(R)

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15362396 PMID: 12966586

The use of etanercept and other tumor necrosis factor-alpha blockers in infertility: it's time to get serious.

Wallace Daniel J
Journal of rheumatology (Canada) Sep 2003, 30 (9) p1897-9, ISSN 0315-162X--Print Journal Code: 7501984

Publishing Model: Print
Document type: Case Reports; Editorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3, AB/68

DI ALQ3 R File 155: MEDLINE(R)

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14340440 PMID: 11712766

Successful ovulation induction, conception, and normal delivery after chronic therapy with etanercept: a recombinant fusion anti-cytokine treatment for rheumatoid arthritis.

Sills E S, Perloe M, Tucker M J, Kaplan C R, Palermo G D
Georgia Reproductive Specialists LLC Atlanta, USA, dr.sills@vf.com
American Journal of reproductive immunology (New York, N.Y. : 1989) (Denmark) Nov 2001, 46 (5) p366-8, ISSN 1046-7408--Print
Journal Code: 8912860

Publishing Model: Print
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

Etanercept (Enbrel; Wyeth-Ayerst/Immunex Inc, Seattle, WA, USA) is a subcutaneously administered novel fusion protein consisting of the extracellular ligand-binding domain of the 75 kD receptor for tumor necrosis factor-alpha (anti-TNF-alpha) and the Fc portion of human IgG1. The agent is synthesized by plasmid transfection of a Chinese hamster ovary cell line, utilizing recombinant DNA technology. Etanercept was approved by the US FDA for treatment of multi-drug resistant rheumatoid arthritis in 1998, but no human data exist regarding the impact of anti-TNF-alpha therapy on human reproductive function or its use before ovulation induction. As TNF-alpha potentiates collagenolysis via matrix metalloproteinase gene expression (thereby facilitating ovulation), there exists a theoretical risk that TNF-alpha-inhibition could exert an undesirable effect on ovulation and pregnancy. In this report, we describe the first case of ovulation induction, intrauterine insemination, normal pregnancy and singleton delivery of a healthy infant following chronic (>1 year) pre-ovulatory TNF-alpha-inhibitor therapy for rheumatoid arthritis. Reproductive endocrinologists and obstetrical-gynecologists should be familiar with etanercept therapy in the context of severe rheumatic disease, and offer appropriate reassurance regarding its safe use for infertility patients planning ovulation induction.

10/ 614481 09/ 07/ 2006

9/ 3, AB/ 61
DIALOG R/ File 155: MEDLINE(R)
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15108347 PMID: 12653902
Pregnancy and exposure to infliximab (anti-tumour necrosis factor- α monoclonal antibody).
Burt Michael J; Frizelle Frank A; Barbezat Gil O
Journal of gastroenterology and hepatology (Australia) Apr 2003, 18
(4) p465-6. ISSN 0815-9319--Print Journal Code: 8607909
Publishing Model: Print
Document type: Case Reports; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE: Completed

9/ 3, AB/ 46
DIALOG R/ File 155: MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

16363202 PMID: 15888806
Adalimumab use in pregnancy.
Vesga L; Terdiman J P; Mahadevan U
Gut (England) Jun 2005, 54 (6) p890. ISSN 0017-5749--Print
Journal Code: 2985108R
Publishing Model: Print
Document type: Case Reports; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE: Completed

9/ 3, AB/ 43
DIALOG R/ File 155: MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

16420205 PMID: 15934268
Tumour necrosis factor α and use of infliximab. Safety during pregnancy.
Shrim Alan; Koren Gideon
Motherisk Program Hospital for Sick Children, Toronto, Ont.
Canadian family physician Medecin de famille canadien (Canada) May 2005
, 51 p667-8. ISSN 0008-350X--Print Journal Code: 0120300
Publishing Model: Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE: Completed
QUESTION: A 27-year-old patient of mine with rheumatoid arthritis has been treated with infliximab for the last 5 years. She is planning her first pregnancy. How should I advise her regarding use of infliximab during pregnancy, bearing in mind that infliximab substantially improved her medical condition? ANSWER: Infliximab (Remcade) has not been tested in pregnant animals because it does not interact with non-human tumour necrosis factor (TNF) α . Several case reports describing women who used infliximab during pregnancy do not suggest a strong association with adverse pregnancy outcomes. More studies are required to determine infliximab's safety during pregnancy.

9/ 3, AB/ 24
DIALOG R/ File 155: MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

17590244 PMID: 17158212
Pregnancy in rheumatology patients exposed to anti-tumour necrosis factor (TNF)- α therapy.
Roux C H; Brocq O; Breuil V; Albert C; Euller-Ziegler L
Rheumatology Department, University Hospital, Nice, France.
roux101fr@yahoo.fr
Rheumatology (Oxford, England) (England) Apr 2007, 46 (4) p695-8.
ISSN 1462-0324--Print Journal Code: 100883501
Publishing Model: Print-Electronic; Comment in Nat Clin Pract Rheumatol. 2007 Oct;3(10):548-9; Comment in PMID 17768415; Comment in Rheumatology (Oxford). 2007 Sep;46(9):1508; author reply 1508-9; Comment in PMID 17684027
Document type: Case Reports; Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE: Completed
OBJECTIVES: Anti-tumour necrosis factor (TNF)- α therapies are considered category B drugs for pregnancy. Although sometimes

prescribed to women of reproductive age, data in humans are limited with regard to safety for a developing fetus. The objectives of the present article are to report experience of anti-TNF- α use in pregnancy, and review the international literature. METHODS: Since 1999 the present authors have used anti-TNF- α (infliximab, etanercept, adalimumab) to treat patients with various chronic rheumatic conditions. All patients were prospectively followed during their treatment time and data were systematically collected. RESULTS: In a group of 442 patients treated with anti-TNF, three women with RA unexpectedly became pregnant. One treated with etanercept chose a therapeutic termination at two and a half months, despite of any ultrasound anomaly, and satisfactory fetal growth. The other two patients (one with adalimumab exposure and one with etanercept exposure) delivered healthy infants. The following perinatal complications were observed: prematurity, neonatal jaundice, neonatal urinary Escherichia coli infection and adrenal congenital hyperplasia of probable hereditary origin. CONCLUSIONS: To date, there is no evidence that TNF- α antagonists are associated with embryo toxicity, teratogenicity or increased pregnancy loss. However, caution should be taken when anti-TNF agents are used during pregnancy, as human experience is still extremely limited, particularly in patients with rheumatic diseases among whom there are several alarming reports. The potential risk should be balanced against the known risks associated with DMARDs and steroid therapy. Large registries will be necessary before firm conclusions can be drawn.

9/3, AB/12

DIALOG R File 155: MEDLINE(R)

(c) format only 2009 Dialog. All rts. reserv.

26879706 PM D: 18284649

Review article: use of antitumor necrosis factor therapy in inflammatory bowel disease during pregnancy and conception.

O'Donnell S, O'Meara C

Department of Gastroenterology, AMNCH Trinity College Dublin, Dublin, Ireland. oodnnes2@cd.ie

Alimentary pharmacology & therapeutics (England) May 2008, 27 (10) p885-94, ISSN 1365-2036- Electronic Journal Code: 8707234

Publishing Model: Print-Electronic

Document type: Case Reports; Journal Article; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: One of the most frequently asked questions during consultation with those affected by inflammatory bowel disease is what are its effects on pregnancy, and how the treatment will impact on conception and pregnancy outcomes. AIM: To review available data regarding the safety of biological therapies during pregnancy, primarily in women with inflammatory bowel disease. METHODS: A Medline search was performed and available original research and review articles relating to the use of biological (antitumor necrosis factor- α) therapies in inflammatory bowel disease were reviewed. Where information regarding the use of a drug in inflammatory bowel disease during pregnancy was limited, articles referring to its use for other indications, such as rheumatoid arthritis, were reviewed. CONCLUSIONS: Based on available data, biological therapies appear to be safe in pregnancy. Most studies looking at the effects of any one medication on pregnancy in inflammatory bowel disease are confounded by the fact that most patients are on multiple medications and have varying levels of disease activity. Stopping therapy in the third trimester should be considered. Large registries with longer follow-up periods will be necessary before firm conclusions about the safety of antitumor necrosis factor- α therapies during conception and pregnancy can be drawn.

9/3, AB/9

DIALOG R File 155: MEDLINE(R)

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27429716 PM D: 18422811

Treatment with tumor necrosis factor inhibitors and intravenous immunoglobulin improves live birth rates in women with recurrent spontaneous abortion.

Winger Edward E, Reed Jane L

Alan E. Beer Center for Reproductive Immunology & Genetics, San Francisco, CA, USA. ewinger@bcglbcal.net

American journal of reproductive immunology (New York, N.Y. - 1989) (Denmark) Jul 2008, 60 (1) p8-16, ISSN 1046-7408- Print

Journal Code: 8912860

Publishing Model: Print-Electronic; Comment in Am J Reprod Immunol. 2008 Jul; 60(1) 17-8; Comment in PM D 18593433

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PROBLEM The purpose of this study was to investigate whether treatment with tumor necrosis factor (TNF) inhibitors combined with intravenous immunoglobulin (IVIg) increases live birth rates among women with recurrent spontaneous abortion (RSA) concurrently treated with anticoagulants (AC). **METHOD OF STUDY:** Seventy-five pregnancies in patients with a history of RSA were retrospectively evaluated. The population was divided into three groups: group I: 21 patients treated with AC (anticoagulants), group II: 37 patients treated with AC and IVIg and group III: 17 patients treated with AC, IVIg and the TNF inhibitor Etanercept (Enbrel) or Adalimumab (Humira). In groups II and III, IVIg was administered at least once during the cycle of conception and/or at least once after a positive pregnancy test. In group III, either Adalimumab or Etanercept was administered by subcutaneous injection according to standard protocols. Statistical analysis of pregnancy outcome was performed using Fisher's exact test. **RESULTS:** Patient populations in the three treatment groups were similar in terms of age, past miscarriages, inherited thrombophilia and autoimmunity. The live birth rate was 19% (4/21) in group I, 54% (20/37) in group II, and 71% (12/17) in group III. There was significant improvement in pregnancy outcome in group II versus group I ($P = 0.0127$) and in group III versus group I ($P = 0.0028$). The live birth rate in group III compared to group II was not significantly different ($P = 0.3723$). Side effects of AC, IVIg and TNF inhibitor treatment were minimal in these patients, and no birth defects were identified in their offspring. **CONCLUSION:** in women with RSA, addition of either IVIg or a TNF inhibitor + IVIg to the AC regimen appears to improve live birth rates compared to the treatment with AC alone. The positive effect of IVIg and TNF inhibitor therapy on pregnancy outcome merits further study in prospective clinical trials.

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>>> HIS not recognized as set or accession number

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Set	Items	Description
S1	151	TNF AND ENDOMETRIOSIS
S2	120	S1 AND PY-1999
S3	0	S1 NOT S2
S4	31	S1 NOT S2
S5	5739	(ETANERCEPT OR INFILIXIMAB OR ENBREL)
S6	8	S5 AND ENDOMETRIOSIS
S7	75	(ETANERCEPT OR INFILIXIMAB OR ENBREL) AND (CONCEPTION OR PREGNANCY OR OVULATION)
S8	75	S7 NOT S6
S9	75	S7 NOT S6S5

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\$11.10 3.152 Dial Units File155

\$0.15 3 Type(s) in Format 95 (KW G)

\$0.72 3 Type(s) in Format 3 (UDF)

\$5.76 24 Type(s) in Format 4 (UDF)

\$0.00 106 Type(s) in Format 6 (UDF)

\$6.63 136 Types

\$17.73 Estimated cost File155

\$5.06 TELNET

\$22.79 Estimated cost this search

\$22.81 Estimated total session cost 3.559 Dial Units

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